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ABSTRACT

Critical incidents particular to an individual or family (such as parental divorce or death of a family member) and incidents of national or international significance (such as wars or terrorist attacks) effect those involved in children's services and can result in some children, families, or staff suffering long-term psychological effects. This booklet is designed to inform staff, parents, management committees, and owners of services about some of the issues involved when managing critical incidents in children's services. The booklet is intended as a guide for policy development and training in the following areas: (1) dealing initially with a critical incident or event; (2) understanding common reactions to critical incidents for children and adults; (3) promoting recovery for children, staff, and parents; and (4) knowing when and if to make referrals to other professionals or to appropriate agencies. Case studies are used to illustrate reactions of children, staff, and parent and the implications for practice. (KB)

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When Things Go Wrong

Managing Critical Incidents in Children's Services

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When Things Go Wrong

Managing Critical Incidents in Children's Services

Chris Legg

CONTENTS

Introduction

Why have a critical incident management plan? 1
Aims of this book 2

Background information

Definition of a critical incident 3
Typical reactions to critical incidents 3
Longer-term reactions to critical incidents 7

Management strategies

The importance of pre-planning 9
Designing a critical incident management plan 10
Referrals to other professionals 17

References 18

About the Author

Chris Legg has worked in the early childhood field in a variety of service types as a teacher, director, consultant and training coordinator for more than 20 years in both NSW and SA. She is currently employed by KU Children's Services as the Manager of Preschool Services and Staff Development. Chris has been an active member of the AECA Executive Committee for several years. Her current interests are assisting staff with management issues and conflict resolution. Chris is now also enjoying seeing children's services from a grandparent's perspective.

This book was first published in 1996 by KU Children's Services for their own services in NSW and ACT as *The Management of Critical Incidents in KU Children's Services Centres*. The book has been modified to make it relevant to children's services generally. However it is possible that some subscribers to the Research In Practice Series will already have a copy. If this is the case for your service, please contact the National Office of the Australian Early Childhood Association Inc. in Canberra.

4

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INTRODUCTION

Almost every week a traumatic incident occurs which impacts on those involved in children's services and which could result in some children, families or staff suffering long-term psychological effects. These critical incidents could be particular to an individual or family, such as sexual or physical assault, parental divorce, sudden tragic death or suicide of a family member. They could also reach national and international significance. Examples of the latter type of critical incidents include wars, terrorist attacks, bushfires, train and bus disasters, earthquakes and cyclones. Many young children arrive in Australia as refugees from war-torn countries. The trauma experienced in their own country and the unsettling effects of the move to another country can leave a child and their family in a very fragile emotional state.

At a personal level many events can impact on an individual's emotional stability. These include the death of a family member, domestic violence, police involvement with a family resulting in arrest or jail, and the abuse or neglect of children.

Professional, political and community awareness of the effects of traumatic events has increased over the past decade. In recent years, some large organisations and government departments have implemented plans for the management of critical incidents. This book is designed to be used by service providers in children's services as a guide for policy and practice development for their own individual services.

Why have a critical incident management plan?

As with other policies or procedures developed by staff in children's services, the purpose of a critical incident management plan is to heighten awareness of the issues, and to provide staff with a framework for action at a time when they are likely to be affected by their own strong emotional responses. Although each critical incident is likely to be unique, it is also likely that there will be sufficient common elements to make planning possible and worthwhile.

In 1993, the Department of School Education in New South Wales (now known as the Department of Education and Training) listed a number of other reasons for developing a critical incident management plan that are equally applicable to children's services.

Having such a plan aids in:

—optimum response at a time of instability;

—recovery;

—return to normal duties;

—a sense of cohesiveness within the school community;
—a sense of responsibility and control over situations;
—a demonstration of caring and support at a time of need (1993, p. 14).

These benefits are presented with reference to schools and their communities, but they have obvious relevance to children's services.

Implications for children's services

Because staff in children's services work closely with families and often build up close and trusting relationships, staff play a key role in helping families cope with the initial effects of a traumatic event. They may also help by identifying the need for further assistance.

As a result of the closeness formed in some relationships between staff and families, staff themselves may feel strong reactions to the family's trauma. In such situations, staff need to be able to deal with their own emotions if they are to be effective in supporting the family.

Staff may also experience a critical incident in their own personal life, and therefore may need professional support to deal with their situation.

In all situations, it must be recognised that children's services staff are not trained counsellors or psychologists. While they need to have sufficient skills and knowledge to deal initially with the families, they also need to know when and how to make referrals to other professionals or appropriate agencies.

Aims of this book

This book aims to inform staff, parents, management committees and owners of services about some of the issues involved when managing critical incidents in children's services. It is intended to be used as a guide for policy development and training in the following areas:

- dealing initially with a critical incident or event;
- understanding common reactions to critical incidents for children and adults;
- strategies for promoting recovery for children, staff and parents; and
- knowing when and if to make referrals to other professionals or appropriate agencies.

BACKGROUND INFORMATION

Definition of a critical incident

In 1993, the New South Wales Department of School Education, Metropolitan North Region, produced a staff development package to assist staff with the identification of and response to critical incidents in school communities.

This document defined a 'critical incident' as:

> *Any situation faced by members of a community causing them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the time or when faced with reminders of the situation* (1993, p.8).

Throughout this book the above definition is used.

Other terms used when discussing traumatic situations include 'disaster victim' and 'disaster survivor'.

Finlayson and Kleinman (1994) define a 'disaster survivor' as 'anyone who has experienced the disaster in any way' and a 'disaster victim' as 'one who has discomforting, distressing or debilitating thoughts or feelings as a result'.

Often the terms disaster, tragedy and critical incident are used interchangeably.

Examples of critical incidents

Children, families and staff are likely to be affected by various types of critical incidents, including:

- death of a child, family member or staff member.
- loss of family circumstances: through separation or divorce, financial loss, unemployment or imprisonment of a family member.
- accidents: motor vehicle, industrial or domestic.
- natural disasters such as earthquakes, fires or flood.
- violence: domestic violence, physical or sexual assault, murder, suicide or abduction.
- critical, chronic, prolonged or terminal illness.
- emergency situations such as fire, siege or bomb threats.
- unwanted media attention.
- major vandalism.
- harassment: verbal, physical or implied.
- administering emergency first aid.
- robbery: armed and unarmed.

Typical reactions to critical incidents

Nearly everyone who comes in contact with a disaster or traumatic event experiences some degree of stress. Typical reactions can include any number of the following:

Physical	Cognitive	Emotional
illness: headaches, nausea, dizziness	strange and intense thoughts	anger
fainting	nightmares	distress
sweating	concentration problems	anxiety
hot flushes	vivid flashbacks	irritation
raised blood pressure and increased heart rate	inability to relax	excessive talking
lack of energy: tiredness, lethargy		withdrawal
shock symptoms		panic
		shock
		depression

These physical, emotional and cognitive reactions are regarded as normal immediate responses. The stress reaction can be strongest at the scene, soon after, or in the following weeks or months. Usual grief reactions are likely to follow any loss or trauma, and the impact varies according to the personal circumstances of the individual, other family members' reactions, and the amount of support available (for more on grief reactions, see p.7).

Children's reactions

Both adults and children can have all of the above reactions. However, young children may exhibit the following specific signs of distress:

Behavioural	Psychological
regression	wetting/soiling
acting out	sleep disturbance
inappropriate play	loss of appetite
withdrawal	hyperactivity and restlessness
tantrums	
attention-seeking	
separation anxiety	

The following two case studies give examples of the stress reactions that both children and adults experienced as a result of incidents at their centres.

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Case study 1

Fire in kitchen of preschool service while centre was operating with children.

Scenario

During the morning, a small group of children and staff members were making gingerbread biscuits. The first batch had been put in the oven to cook while the children continued to make the second batch. The kitchen door was closed. After a while a staff member sitting in close proximity to the door noticed a strong smell coming from the kitchen and a faint amount of smoke coming from under the kitchen door. When the staff member went to investigate and opened the door, strong smoke billowed out of the kitchen and spread throughout the centre.

The staff quickly evacuated the building and contained the fire before the fire brigade arrived. Because of the strong smell of smoke, the centre was closed for the remainder of the day. All parents were contacted on a portable telephone and asked to come to the centre to collect their child.

Although the incident appeared to be small, it helps to illustrate the typical reactions of the children, staff and parents at the centre.

Children's reactions

- Some children appeared to have little or no reaction at the time, although most were disappointed that their gingerbread biscuits were burnt.
- Two children in particular were physically distressed and were crying.
- One of the crying children showed symptoms of shock and it was necessary for the parent to take the child to a doctor. Staff were later informed that this child had an older brother who had been physically harmed in a fire.
- During the next few weeks, children were preoccupied with talking about the fire and their burnt gingerbread biscuits.

Staff's reactions

- The staff's immediate response was to follow their emergency evacuation procedure and all staff assumed the responsibilities outlined in their plan.
- Once all the children and staff were safe, staff felt a sense of achievement. They all commented that they were pleased they had regularly practised their evacuation plan with the children.
- After the fire fighters had gone and the children had been collected by their parents/caregivers, staff had time to reflect on the incident. They reported feelings and thoughts that focused on all of the various contingencies (the 'what-ifs').

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- The staff also reported typical physical reactions during the incident, such as increased heart rates and increased alertness.

Parents' reactions

- Parents were obviously concerned about their child's safety and welfare and responded to the request to come to the centre and collect their child.
- One grandparent, for whom English is a second language, was telephoned, but only understood the word 'fire.' She assumed that the whole centre was on fire and immediately ran to the centre. Initially, this grandparent was very stressed, but calmed down once she could see the situation for herself.

Implications

- Need for centre to be fitted with smoke detectors.
- The value of centres having cordless telephones to enable staff to contact parents from a safe area.
- Need for staff to be aware of effective communication with families who speak languages other than English.

Case study 2

Repeated vandalism at the centre

Scenario

A centre was having a new sandpit built by tertiary landscape students. The area had been excavated and the brick side walls were constructed. The next morning when staff arrived, they discovered that the brick walls had been knocked down. The students rebuilt the side walls during the day. The next day, staff discovered the walls destroyed again, and students rebuilt them again.

This pattern of vandalism continued for approximately six nights. A security guard was employed to stay at the centre overnight and the vandal was apprehended.

Children's reactions

- At first children were curious about the bricks falling down and some children suggested to the students that they use 'stronger' cement.
- When the vandalism was repeated, and it was apparent that it was intentional, children became angry and frustrated.
- Some children talked about 'bad people'.

Staff's reactions

- Initially, staff also thought that the bricks had fallen down.
- Over time, staff also became angry and frustrated.
- Some staff felt threatened and became uncomfortable at the centre.
- Staff were unwilling to stay alone after hours at the centre.
- Staff relationships were affected and conflicts arose.

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Parents' reactions

- The parents were informed by letter after the third night.
- Some parents had already become aware of the problem and had offered to drive past and keep a lookout.
- When the vandalism continued, parents became angry and some fathers wanted to stay overnight to catch the culprit, but the committee decided it would be better to employ a security guard.

Implications

- Although this was a situation that did not require the children or staff to be moved from the centre, it had other factors that resulted in stress reactions in the children, staff and parents.
- This incident is a good example of 'defusing' because the situation could have escalated into a more dangerous situation if it had been allowed to continue or if parents had confronted the vandal.
- Outside lighting was installed at the centre following the conclusion of the incident.

Longer-term reactions to critical incidents

Grief and loss

Following any situation that involves sudden loss or profound changes to lifestyle, it is not unusual for individuals to go through a grieving process. The NSW Department of School Education defined grief as 'a painful and natural process of recovery from a significant loss' (1993, p.47).

Examples of loss include:

- death of a loved one;
- separation from a loved one;
- change to or loss of a way of life;
- destruction or loss of an object or objects; and/or
- thoughts of losing someone or something (including oneself).

Reactions to death

Although there are a large number of different forms of trauma, those that result in a death can be especially disturbing and upsetting for the people involved. Finlayson (1991) states that people's initial reactions to death are very individual, depending on the circumstances of the death, the relationship to the lost person and their own beliefs and values. It is also noted that the grieving process is painful and often slow.

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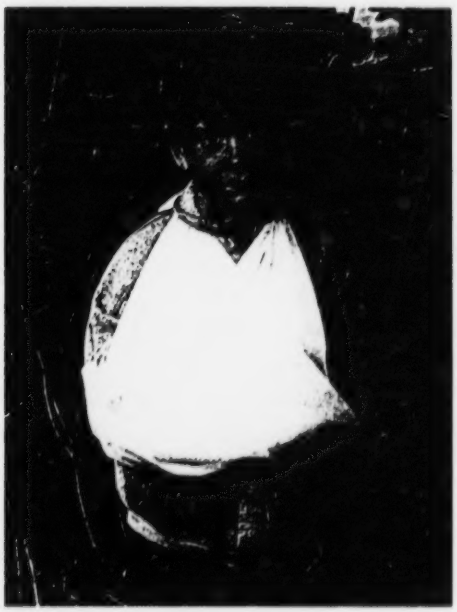
While there are different reactions from each individual, there are some typical and consistent patterns of reaction for different stages of human development:



Infants
Children under two years of age are likely to show signs of age regression, and may exhibit this in their eating, toileting, sleeping and behavioural patterns.

Children aged two to four years
Children aged two to four years often perceive death as a temporary separation.

Children aged four to six years
At this age, children often believe that death happens only to others. They often blame themselves for a death, believing that thinking about people dying makes them die.

Children aged six to twelve years
Pre-adolescents sometimes show considerable grief and age regression because they are interested in death as a phenomenon. Children of this age group will often turn to their peers for support and consolation.

Children above twelve years of age
Adolescents often have developed adult understandings of death and dying. They will usually have little experience in the death of a loved one and they are more likely to show signs of confusion than adults.

Adults
A number of grief reactions are common amongst adults, and these include:

- shock
- denial
- guilt
- anger
- bargaining
- depression
- acceptance

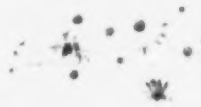
Following on from these reactions are four main tasks of mourning:

- accepting reality of the loss;
- dealing with the pain of grief;
- adjusting to the environment without the lost person; and
- withdrawing emotional energy and reinvesting that energy into another relationship.

Post-traumatic stress disorder

When the individual's reactions to trauma continue for a long time or if the person is not progressing towards an adaptive resolution, it may be

that they are suffering from the condition known as Post Traumatic Stress Disorder (PTSD). A clear definition of PTSD was given by Bower (1993), who described it as an anxiety disorder that affects some people after they have experienced a severely traumatic event.



MANAGEMENT STRATEGIES

The importance of pre-planning

There is an obvious need for appropriate action to be taken by staff in children's services following any critical incident. This could be because of any of the following:

- a physical need to respond quickly;
- the number of members of the community affected;
- a wish or concern to decrease stress and reduce panic; and/or
- a desire to promote recovery.

This action may be the provision of counselling for individual children, staff or families, and at other times there may be the need for a wider approach which includes a larger number of groups of people from within the community.

Because there may be a need for a systematic response to the situation, it is best to plan this in advance. One reason for planning is that the decision-makers from the centre may be affected at the time of the traumatic event by their own strong emotional reactions and therefore be less able to think of appropriate actions. Advance planning can help them to manage the situation in the best possible way, and can quickly provide resources to help in the situation. These resources could be in the form of personnel or materials. Often there is little time to make important decisions, and it is much more effective to refer to a policy which has been considered and constructed in periods of less stress or time pressure.

Some people might argue that planning for disasters could be over-reactive or pessimistic. Sometimes this reluctance to plan could be based on the individual's own fears or unresolved past trauma in their lives, which are likely to be aroused when considering traumatic situations.

Bazzo and Finlayson (1989) propose other reasons often forwarded in opposition to planning. One such reason is that, because each incident is different, it is impossible to plan for appropriate yet different responses.

A variety of forms of resistance to planning, brought about by a large number of different individual issues and agendas can arise. It is useful to acknowledge that these beliefs exist, but to continue planning. There are sufficient similarities between different incidents to make planning

worthwhile, and there is a lot of expertise available to enable useful plans to be made.

Designing a critical incident management plan

It is useful when designing a critical incident management plan to think through the various scenarios that could involve a critical incident. In each of the various scenarios, it is useful to divide the responses chronologically.

The following plan is designed to assist staff in the management of a critical incident that has occurred in a centre while the service is operating with children, and is divided into the following sections:

- immediate actions
- subsequent actions (later in the same day, or over the next few days)
- further follow-up actions

Within each of these time frames there is further division, with suggestions to assist:

- children
- staff
- parents
- others

Immediate actions

Centre staff need to be able to obtain advice and support during critical incident situations. Immediate support should be made available from the service's management committee, the owner of the service, or the organisation. Management needs to identify individuals who will be available to assist staff. Staff need to keep these names and emergency contact numbers in an easily accessible place.

As soon as it is safe to do so, and after any necessary phone calls to emergency services have been made, the director or manager of the service should contact their management committee, the owner of the service, or immediate manager in their organisation for further assistance. Assistance could be provided by:

- arranging for others to go immediately to the centre to provide physical assistance and support; or
- assisting staff with any further decision-making or undertaking any relevant tasks, such as arranging typing of fact sheets for parents or making further phone calls.

The following steps are a general guide for immediate actions:

- Ensure the safety of children, staff and others.
- Contact emergency services.
- Contact the nominated management committee members, the owners of the service, or the immediate manager in an organisation.

Children

1. Safety

The safety needs of the children are to be considered first. Centres will already have an emergency evacuation procedure that children will be familiar with and this procedure should be implemented first.

At this stage, it may also be necessary for a staff member to administer emergency first-aid procedures if a child or adult has been injured. A staff member who holds a current first-aid certificate is best suited to do this.

2. Defuse the situation

As soon as the children are all accounted for and in a safe location, their emotional needs can be addressed. They are likely to be confused and excited. They may exhibit inappropriate emotional responses, or behaviours that do not seem to fit the situation. In extreme situations, many children will revert to a comforting behaviour. It is possible to see children laughing, shaking or trembling, crying or screaming, rocking, or completely ignoring what is happening.

One strategy to help calm the children is to defuse the situation by giving them appropriate and honest explanations about:

- what has happened;
- how it happened (if known); and
- what will happen next.

If assistance is sought from emergency services (fire brigade, ambulance, police) explain to the children, as simply as possible, what the emergency services personnel are doing to help the situation. Tell them if there is going to be any further disruption to their routines and advise them what you will be doing. If the children need to be sent home, let them know when their parents will be coming to pick them up.

Finally, give the children an image of how things will be when the event is over so that they can develop a positive future orientation and view the problem as a temporary one.

The following points are a summary of the immediate actions to be taken with the children:

- Ensure the children are safe/administer first-aid.
- Account for all of the children.
- Defuse the children's emotions with facts: what happened, how it happened, how it will affect them.
- Explain what other helpers (emergency services personnel) are doing.
- Discuss what will be happening next.
- Discuss when things will be back to normal.

Staff

1. Safety

Staff members will be familiar with evacuation procedures, which should be implemented immediately to ensure the safety of children and staff.

2. Implementing a critical incident management plan

When everyone is safe and accounted for, staff can take different roles to implement the next stage of their critical incident management plan.

Several different staff members can sometimes perform tasks concurrently. For example, one staff member could ring the emergency telephone services while another remains with the children to defuse the situation. A third may be administering emergency first aid to an injured child or adult.

3. Dealing with emergency personnel

If emergency services personnel have been called to the centre (fire brigade, ambulance, police) they will require clear and accurate information. Staff should remain with the children and allow the emergency personnel to do their jobs.

If a child needs to be transported to a hospital, wherever possible a staff member should accompany the child and meet the child's parents at the hospital. (Take along any comfort toys belonging to the child, to reassure them.)

The following is a checklist for allocating tasks to staff:

- Evacuate/administer emergency first-aid.
- Account for all of the children.
- Make telephone calls to emergency services.
- Make a telephone call to management committee, owner, or organisation.
- Defuse the children's emotions.
- Deal with emergency services personnel.
- Contact the children's parents.
- Defuse the parents' reactions.
- Provide support for the staff (defusing and debriefing).
- Arrange for the follow-up procedures.

While the crisis is being managed, staff may find themselves too busy to be worried about their own emotions or concerns, while others may become very emotional. It is important that all staff remain calm and work together as a team to ensure appropriate management of the situation.

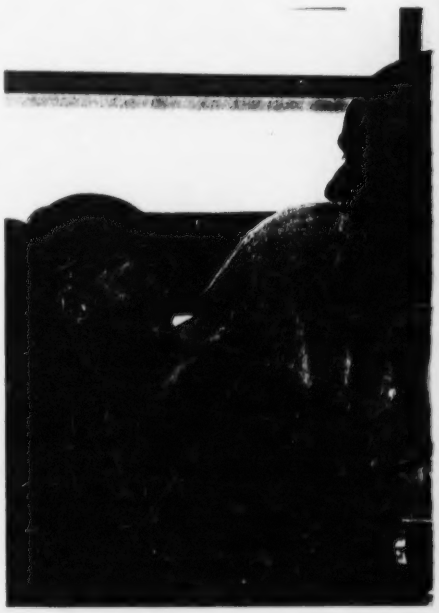
Parents

The initial concerns of the parents will be for the safety and care of the children. Where possible, provide parents of the children closely involved in the incident with immediate and accurate information about what has

happened, what staff want them to do, how the centre will manage during the incident, and when routines will be back to normal. It is best to explain this verbally, so parents can ask questions. The owner of the service, management committee or organisation may be able to assist centre staff by telephoning parents.

Staff need to be aware of the needs of parents who speak languages other than English, management could assist by arranging for an interpreter service.

Subsequent actions



When the immediate threat or crisis is over, and the situation has been defused, it is time to consider longer-term actions that might be taken following the incident. The defusing process has allowed all concerned parties to gain the facts of the incident and it is now time to move on to the medium-term tasks of catering for the emotional consequences of the events through debriefing and—in some cases—professional counselling.

Bowie (1989) suggests that early intervention within 24 hours can provide a solid basis for a more successful, rapid resolution of the crisis situation. Mitchell (1986) suggests that, as the length of time between the incident and debriefing grows, the effectiveness of the intervention decreases. After about six weeks, the effectiveness is minimal. The person is then considerably more vulnerable to lifelong emotional difficulties as a result of the incident.

The NSW Department of School Education (1993) defines debriefing as:

> *A systematic intervention that provides, as far as possible, the opportunity for all those members of the school community involved to discuss their reactions and feelings. It should provide them with a framework for dealing with future responses* (1993, p.26).

It is at this point, depending on the nature and severity of the critical incident, that professional counselling personnel may be engaged to assist. If professional counselling services are not engaged, the following strategies need to be implemented where appropriate.

Children

Staff and parents can help the children recover from the incident by:

1. Observing their reactions and behaviour

The medium to long-term effects of trauma on children have been explained in terms of physiological, emotional, cognitive, and behavioural changes that might occur for various ages. It is often found that, during the period of four to six weeks after the resolution of an event, children might display a reaction which was previously unnoticed. Staff should

observe and monitor the children's reactions throughout the post trauma weeks and months and keep parents informed of any signs of unusual behaviour.

2. Providing opportunities for children to express their feelings

It is important that staff continue to provide opportunities for children to express their feelings through experiences such as dramatic play, art and small group or individual discussions.

3. Arrange a ceremony (if appropriate)

It may be appropriate to hold a ceremony or make some other symbolic gesture to allow the children to express their feelings, thoughts and reactions, and to bring a sense of closure to the incident. It is important to involve parents in the decision-making to ensure that such an event is culturally appropriate.

4. Continue familiar routines

Harris (1991) suggests that, wherever possible, it is desirable to continue familiar routines for children, although adults need to be sensitive to children's short-term behavioural changes and cater for these accordingly. Children may have difficulty separating from their parents on arrival at the centre, sleeping may be disrupted or eating behaviours may change.

Staff

The centre's management committee, or the owner or manager of the service can play an important role in helping staff deal with the repercussions of the event in any of the following ways:

1. Call all staff together

As soon as practical after the critical incident (preferably that day or the next) the management committee, owner or manager should arrange a meeting to debrief staff.

The owner, management committee or manager should decide if the nature and severity of the incident necessitates the employment of a professional counsellor.

As soon as possible after the incident, staff need to sit down, gather their thoughts and document the incident. This is necessary to ensure that a correct account of the incident is recorded, as over time those involved may not retain an accurate memory of the event. Not all staff will perceive the incident in the same way and not all staff will be direct witnesses to the incident; however, it is important that those involved complete a report detailing their experience. In some cases this may be a legal requirement, particularly if the incident involves an injury or the death of a child in a centre. Other legal responsibilities and concerns also need to be addressed.

There are different legislative requirements from state to state, but the general areas of concern include child care regulations, duty of care for the children, occupational health and safety responsibilities for staff, and insurance requirements.

Staff also need to decide together if any further action is necessary. This could include:

- arranging a parent meeting;
- redesigning the program or adapting the physical environment of the centre;
- closing the service if the centre has become uninhabitable;
- liaison with other professionals as a follow-up to the incident (government departments, local council, etc.).

2. Call in well-known relief staff

Employing well-known relief staff at the centre for the next few days is the most effective way to assist staff at this time. The benefits of bringing in relief staff include:

- Staff can have time out from working with the children if they become emotionally upset.
- The staff: child ratio will be increased to assist children who may need extra support or attention.
- Centre staff will have extra time to talk to parents or others and to attend to any other tasks that may be necessary as a result of the incident.
- If a child or adult was hospitalised as a result of the incident, staff will be able to visit the hospital for a short period.

3. Provide staff with professional counselling

Depending on the nature and severity of the critical incident, or if staff and children are showing continuing distress, it may be necessary to engage the services of a professional counsellor. There are a number of professionally trained critical incident teams in each state across Australia.

Apart from the changes in routine and the added responsibility that results from a critical incident, staff may feel emotions of guilt, inadequacy or helplessness. It is useful for staff to discuss their feelings with their manager and to recognise that if these feelings are excessive or if they continue to a point beyond what they feel is appropriate, professional help is available.

4. Provide staff with compassionate leave

It is important that staff are given compassionate leave to attend a funeral if a death has occurred as a result of the incident or if they require time away from the centre to recover.

If staff require time away from work to assist them in their recovery, it is also important that they maintain contact with their work colleagues and that they are kept informed of any developments to minimise any likelihood of misinformation and rumour. In all cases the rights of the children remain paramount and are always to be considered. In extreme

cases when many staff need time away from the centre, children may also be vulnerable and need more continuity than at other times. Responsible management will make arrangements that balance the needs of all parties.

5. Provide staff with ongoing support

Following the initial busy time in dealing with the changes to routine that follow a traumatic incident, staff may find themselves being confronted by their own unexpected emotions soon after normal routines are re-established. It is useful to keep staff talking to each other as an ongoing form of release. Staff play a role in the continued exchange of information to parents and the wider community. It is useful to maintain communication about possible children's reactions, planned events or ceremonies, and any changes to the existing practices that might be made with the benefit of the knowledge gained by the experience.

6. Evaluate the management of the incident

It is important that staff evaluate the effectiveness of the implementation of the management plan and make any changes that may seem appropriate.

Parents

Parents of all children enrolled at the centre need to be given accurate and prompt information about what happened. Harris (1991) makes the following suggestions:

1. Produce a short special newsletter

To prevent rumours developing and to give parents accurate information about the incident, a short newsletter or letter can be developed that outlines the following:

- Factual information about the incident (e.g. what happened, where it occurred, who was involved);
- Steps taken by staff;
- Reactions of the children;
- What the children have been told;
- Any further actions or arrangements.

2. Arrange a special parent meeting

The owner, management committee or organisation may need to assist centre staff in arranging a special parent meeting to enable parents to discuss the incident and any further follow-up.

While parents may be comfortable talking to staff about their child's reactions, it is often difficult for them to bring up the subject of their own distress. Centre staff can keep in touch with parents about typical reactions in the children, and it is an opportunity to include discussion of the parents' reactions.

As in the case of children, if a parent remains disturbed by the events for a period that exceeds their expectations, then those parents could benefit from being referred to a professional counselling service.

Others

Emergency personnel: Liaising with emergency personnel has been covered in the previous sections of this document; however, it may be appropriate for the centre staff and parents to contact the emergency personnel at a later date to thank them for their support and assistance.

Media: In some cases a critical incident occurring in a children's services centre may attract the attention of the news media. Reports by the media can be responsible, informative and sensitive to the participants' needs, while at other times they can be exaggerated, distorted and/or insensitive. The management committee, owner or organisation may wish to nominate a spokesperson to deal with any media enquiries. This is not to censor staff, but rather to protect staff at a time of vulnerability.

Referrals to other professionals

In most cases, people who have been involved in a critical incident will have some immediate and short-term emotional (and sometimes behavioural or physical) reactions, and these usually pass within months. Whenever a person finds that these reactions persist for months or years, it is often helpful for them to seek additional counselling from professional sources. Individuals may seek assistance through their local doctor, who can provide ongoing support and referrals when necessary.

Staff may find it useful to access written resources from the community in specific areas. The Australian Early Childhood Association has valuable books on grief, death, and children in stress, in particular *Understanding Grief and Loss* and *Young Children and Stress.* These publications may help staff increase their knowledge of issues surrounding critical incident management and can provide a broader basis for future policy development.

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